

MEETING NOTES

Risk Communication & Health Information Dissemination Working Group

August 15, 2002
2:30 - 4:30 PM

Introductions

Attendees: Bela Matyas, Suzanne Condon, Bob Goldstein, David Naparstek, Darrin Donato, Jana Ferguson, Cindy Larson, Kurt Seetoo, Holly Funkhouser, Ellen Gould, Dawn Heisey-Grove, Anita Arnum, Diane Capps, Stephen Estes-Smargiessi, David Ladd, Bob Walker, Jean Bennett, Bess Andrews, Cheryl Lefman, Mary Sheryl Horine, Tom Lyons, Kristin O'Connor, Donna Caron, Susan Lett, Kathleen Gilmore, Dana D'Eramo, Lynda Glenn, Dan Church, Roseanne Pawelec, Martha Badger, Praveena Gadam, Steve Fleming, J. Foley, Pejman Talebian, Marcia Izzi, Tom O'Regan, Eric Worrall, Nancy Ridley, Robin Chapell

Slide Presentation - Cooperative Agreement Overview

Centers for Disease Control and Prevention (CDC)
Health Resources and Services Administration (HRSA)
Bela T. Matyas, MD, MPH, co-facilitator of Working Group

Workgroup Mission Statement - Review and Discussion

A question was asked regarding the possibility of hiring a consultant to compose a plan. This is possible, particularly if the vendor is listed on the Master Services Agreement (MSA). Another question concerned the relative urgency of interim plan development. Bela Matyas indicated that we need this interim plan as quickly as possible.

Workgroup Timeline - Review and Discussion

In reviewing the workgroup timeline the question of defining "special populations" came up. Examples were given: Native American tribes, the elderly, children, culturally and/or linguistically distinct communities, deaf and hard of hearing, refugees, people with disabilities, the homeless and others.

It was pointed out that some communities do not have public health personnel and that risk communication/public information may be done by others (e.g., fire and police), so the scope of the training and planning should include these others.

It was suggested that the timeline for the "Begin risk communication training" objective be evaluated for possible change.

It was agreed that the shaded areas of the timeline were meant to indicate the beginning of the work on many of the objectives, not the completed project.

Workgroup Participants - Review and Discussion

There were numerous suggestions for additions to the Workgroup membership. **Please forward contact information to Bela Matyas.** Among the suggestions were the following:

- ◆ Community Health Centers - Massachusetts League of Community Health Centers. Jana Ferguson to forward contact information to Bela Matyas
- ◆ Wampanoag Tribe - Jana Ferguson to forward information to Bela Matyas
- ◆ Multicultural Committee/DMH - Darrin Donato to forward information to Bela Matyas
- ◆ US Public Health Service - Gary Kleinman or Betsy Rosenfeld - Bob Goldstein has contact information
- ◆ Cultural groups not represented on the Workgroup, including those who experienced prejudice subsequent to 9/11
- ◆ An umbrella group for special populations - Roseanne Pawelec to forward information to Bela Matyas
- ◆ Home Health Care
- ◆ Department of Elder Affairs
- ◆ Department of Education
- ◆ Childrens' Services
- ◆ Massachusetts Municipal Association
- ◆ Federal Bureau of Investigation
- ◆ Environmental Protection Agency
- ◆ Office of Healthy Communities - Cathy O'Connor, Director
- ◆ Massachusetts Port Authority - Cindy Larson to forward information to Bela Matyas
- ◆ U.S. National Guard - Cindy Larson to forward information to Bela Matyas

There was a lengthy discussion concerning inviting representation from the media, specifically news directors and editors/assistant editors. It was agreed that it is important to involve key media representatives early in the process.

Therefore, a "focus group" of media representatives was proposed, to convene as soon as possible. Their input will be incorporated into the interim plan, which they will be asked to review. It was suggested that invitations to potential focus group participants be sent from senior-level Department of Public Health (DPH) staff.

Action Items

1. **Develop an Request for Quotation (RFQ) and Identify a Vendor** - Subcommittee needed.

Vendor needed for plan writing, model local plan development, focus groups and needs assessment.

Media/risk communication expertise desired on this subcommittee. **Let Bela Matyas know if you're interested by 8/30/02.**

A question was raised concerning the funds available for this activity. Bob Goldstein to report back on budget estimate.

2. Develop an Interim Plan - Subcommittee needed.

Let Bela Matyas know if you're interested by 8/30/02.

There was general agreement that Interim Plan development should begin soon, based on systems already in place and using experience from last fall as a starting point for discussion.

Some thoughts for this Subcommittee to consider:

- ◆ Local Public Health and Public Safety may need key information hours before the media. How is this going to happen?
- ◆ Inconsistencies in policies regarding the release of information can result in test results released by person A to person B, in confidence, subsequently being released by person B to the media.
- ◆ Rapid communication to communities is key - the Health Alert Network (HAN) was specifically mentioned.
- ◆ The designation of 7 BT preparedness regions in Massachusetts will have to be taken into consideration, and input from these regions will need to be obtained as soon as there is representation available. In the meanwhile, Jana Ferguson represents local health within these regions.
- ◆ Cindy Larson mentioned that the interim risk communication plan might be viewed as an addendum to the existing state emergency plan, Emergency Support Function #8 (ESF8).

3. Develop model risk communication plans for cities and towns.

This will be pursued after the RFQ/Vendor selection process occurs.

Elements of a Risk Communication Plan - Brainstorming discussion:

- ◆ Collaboration between state and local agencies and among local agencies
- ◆ Timing of communication (e.g., partners before media)
- ◆ Clear channels of communication (i.e., who to communicate with)
- ◆ Collaboration across borders
- ◆ Collaboration among primary responder agencies and between responding agencies and public officials

- ◆ Ability to distinguish valid from non-valid information - "validation and verification checkpoint"
- ◆ Identification of our information outlets to the public/media
- ◆ Health Alert Network (HAN)
- ◆ Consideration of special populations
- ◆ "Best practices" of risk communication, including mental health aspects
- ◆ Inventory of what exists and how information is currently delivered (logistics)
- ◆ Action steps for target populations
- ◆ Evaluation plan, including exercises
- ◆ Dynamic updating process for plan
- ◆ Role of regional offices
- ◆ Communication to healthcare providers and other professional groups
- ◆ Crisis communication in a major catastrophe vs. on-going emergency "maintenance" communication
- ◆ Test the notification aspects of the plan - who does not get the information?
- ◆ Backup systems/alternative systems if primary systems fail (i.e., redundancy of communication methods/systems).

Next meeting: Thursday, September 26, 2002 - 2:30 - 4:30 PM

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